DOUGHERTY COUNTY BOARD OF EDUCATION Ameritas

Dental Highlight Sheet

Retiree Low Option

Effective Date: 1/1/2024

Plan Benefit					
Type 1	100%				
Type 2	60%				
Deductible	\$50/Calendar Year Type 2				
	Waived Type 1				
	\$150/family				
Maximum (per person)	\$1,000 per calendar year				
Allowance	90th U&C				
Waiting Period	None				
Annual Eye Exam	None				
Annual Open Enrollment	None				

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Туре 1		Туре 2
•	Routine Exam	Fillings for Cavities
	(2 in 12 months)	Restorative Composites
•	Bitewing X-rays	Endodontics (nonsurgical)
	(1 in 12 months)	Periodontics (nonsurgical)
•	Full Mouth/Panoramic X-rays	Denture Repair
	(1 in 5 years)	Simple Extractions
•	Periapical X-rays	Complex Extractions
•	Cleaning	Anesthesia
	(2 in 12 months)	
•	Fluoride for Children 13 and under	
	(2 in 12 months)	
•	Sealants (age 13 and under)	
•	Space Maintainers	

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of DOUGHERTY COUNTY BOARD OF EDUCATION. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Dental Health Scorecard

How would you rate your dental health?

In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount. Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Dental Highlight Sheet



Eyewear Savings

Ameritas plan members may receive up to 10% off evewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the evewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Hearing Savings

With your Ameritas plan, you can receive hearing aid discounts through Great Hearing Benefits at their 4,500+ hearing care locations nationwide. Call 877-683-9495 for your free hearing consultation today. This savings arrangement is not insurance. It is available to members at no additional cost to their plan premium.

Highlights include: hearing exam for only \$50 (saves you \$100 off the industry average of \$150), up to 50% off retail pricing on today's top hearing technology, plus a satisfaction guarantee and warranty service. Visit greathearingbenefits.com/ameritas to learn more.

Dental Network Information

To find a provider, visit ameritas.com and select FIND A PROVIDER, then DENTAL. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Your provider network is Ameritas Classic Network.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

Dental Cost Estimator

Members can use our dental cost estimator at any time to find average procedure charges in their area. The estimates do not include network discounts or plan benefits. Find the dental cost estimator at ameritas.com/applications/group/estimator.

After coverage begins, members can view average in-network charges in their secure member account. Members also may ask their dentist's office to submit a pretreatment estimate so they can see exactly how a proposed service would be covered and avoid any surprises. The pretreatment estimate is based on their plan benefits

Worldwide Support

If a member has a dental emergency outside the U.S., AXA Assistance can help. AXA provides credible provider referrals and can even help with making the appointment. Providers referred by AXA are not members of the Ameritas network. AXA contact information is available in the secure member account.

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

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Retiree High Option

Effective Date: 1/1/2024

Plan Benefit				
Type 1	100%			
Type 2	80%			
Type 3	50%			
Deductible	\$50/Calendar Year Type 2 & 3			
	Waived Type 1			
	\$150/family			
Maximum (per person)	\$1,250 per calendar year			
Preventive Plus SM	Included			
Allowance	90th U&C			
Dental Rewards®	Included			
Waiting Period	None			
Annual Eye Exam	None			
LASIK Advantage®	Included			
Annual Open Enrollment	None			

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

	Type 1		Type 2		Туре 3
•	Routine Exam	•	Full Mouth/Panoramic X-rays	•	Onlays
	(2 in 12 months)		(1 in 5 years)	•	Crowns
•	Bitewing X-rays	•	Periapical X-rays		(1 in 10 years per tooth)
	(1 in 12 months)	•	Sealants (age 13 and under)	•	Crown Repair
•	Cleaning	•	Space Maintainers	•	Endodontics (nonsurgical)
	(2 in 12 months)	•	Fillings for Cavities	•	Endodontics (surgical)
•	Fluoride for Children 13 and under	•	Restorative Composites	•	Periodontics (nonsurgical)
	(2 in 12 months)	•	Pre-Diagnostic Test (age 35 and over)	•	Periodontics (surgical)
			(1 in 2 years)	•	Denture Repair
				•	Implants
				•	Prosthodontics (fixed bridge; removable
					complete/partial dentures)
					(1 in 10 years)
				•	Simple Extractions
				•	Complex Extractions
				•	Anesthesia

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Dental Rewards®

This dental plan includes a valuable feature that allows plan members to carry over part of their unused annual maximum. A member must submit at least one claim during the benefit year while staying at or under the plan-specific threshold amount. Earns an extra reward, called the PPO Bonus, by seeing a Network Provider. Employees and their covered dependents may accumulate rewards up to the stated maximum carry-over amount, then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards will be lost; but he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the member sees a network provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

LASIK Advantage®

LASIK Advantage provides coverage for LASIK and related procedures, including standard LASIK, Custom LASIK, LASIK with Wavefront Technology, CustomVue LASIK, LASIK with IntraLase technology and Photorefractive Keratectomy (PRK). Members earn a lifetime benefit per eye over time. The benefit amount increases throughout a three-year period, with the highest coverage provided at year three. Members earn benefits for each eye and can't combine benefits for both eyes to use for a single eye. If a member enrolls after the initial enrollment period, they must wait 12 months from enrollment to be eligible for coverage; after 12 months the member will begin coverage at the year-one benefit. The LASIK Advantage benefit is available to members age 18 and older. Adult and child coverage is allowed - adult only and child only coverage are not. LASIK Advantage is only available with dental plans with preventive, basic and major coverage. There is no network tied to this coverage.

Lifetime Benefit Earned	Year One	Year Two	Year Three
Per Eye	\$350	\$350	\$700

Preventive PlusSM

With this plan option, benefits for Type 1/Preventive procedures are not deducted from the plan member's annual maximum benefit. This saves the entire annual maximum for the Type 2/Basic and Type 3/Major procedures that are covered by your plan.

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